Arkansas State Board of Physical Therapy Special Accommodations Request Form

Name:	T2:4	M:111.
Last	First	Middle
What type of disability do you have?	? Please indicate the specific diagnosis.	
When was your disability first diagn	nosed?	
What accommodations are you requ	esting during the examination?	
Additional Time - Time and a h	nalf Reader	
Additional Time – Double Time	e Scribe	
Zoom Text	Separate Room	
Screen Magnifier	Other	
	no more than three years old) from a qualified exity must accompany this request form. The repo	
 Specific diagnosis 	the diagnosis (include relevant test results)	
Rationale for requesting specifications		
Applicant Signature	 Date	